



03500.015728.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
SHINICHI KAWATE ET AL.) Examiner: A.T. Perry
Application No.: 09/940,642) Group Art Unit: 2879
Filed: August 29, 2001)
For: ELECTRON-EMITTING DEVICES,)
ELECTRON SOURCES, AND)
IMAGE-FORMING APPARATUS) January 9, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of October 9, 2003 (Paper No. 7), please
amend the above-identified application as follows.

The claims are listed beginning at page 2. The Remarks begin at page 13.

I hereby certify that this correspondence is being deposited with the
United States Postal Service as first-class mail in an envelope
addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria,
VA 22313-1450 on January 9, 2004.

(Date of Deposit)

01/14/2004 BABRAHA1 00000001 061205 09940642

01 FC:1201 86.00 DA

FRANK A. DeLUCIA (REG. NO. 42,476)

(Name of Attorney for Applicant)

Signature

January 9, 2004

Date of Signature

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Application of: Docket No. 03500.015728.

SHINICHI KAWATE ET AL.

Application No.: 09/940,642

Examiner: A.T. Perry

Filed: August 29, 2001

Group Art Unit: 2879

For: ELECTRON-EMITTING DEVICES,
ELECTRON SOURCES, AND IMAGE-
FORMING APPARATUS

Date: January 9, 2004

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ No additional fee is required.

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The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 87 ⁺	MINUS	** 87	0	x \$9 \$18	0
INDEP. CLAIMS	* 4	MINUS	*** 3	1	x \$43 \$86	86.00
Fee for Multiple Dependent claims \$145°/\$290						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$86.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

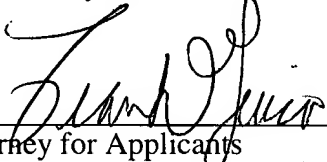
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☒ Charge \$ 86.00 to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 42,476

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

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